

FILED APR 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9220

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 2028 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 1117 Grove St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1117 Grove St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) FRANCES	b. (Middle) LETITIA EVELYN	c. (Last) PHILLIPPE	April 3, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 8, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 10 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Lawrence County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Carpenter		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE David W. Phillippe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jake Long, Reeds, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 27 Mar '50, 19, to 3 Apr '50, 19, that I last saw the deceased alive on 1 Apr '50, 19, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. B. Clinton M.D.</i>		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 4 Apr '50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Thomas Cemetery	
				24d. LOCATION (City, town, or county) (State) Lawrence County, Mo.	

DATE REC'D BY LOCAL REG. Apr. 4 1950		REGISTRAR'S SIGNATURE <i>L. B. Clinton</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-8-50
Jasper County Health Office

County File Number 50-3-288

Date Filed 4-11-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.